

2002 **LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

**L01000006825**

1. Entity Name

RAJKUMAR NEBHRAJANI, M.D., LLC

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90202 038 \*\*\*\*50.00

**965563**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9310 S.W. 6 COURT	3. Mailing Address 9310 S.W. 6 COURT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
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Zip 33025	Country	Zip 33025	Country
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4. FEI Number <b>65-1100957</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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7. Name and Address of Current Registered Agent

Name <b>NEBHRAJANI, RAJKUMAR</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>9310 S.W. 6 COURT</b>		
City <b>PEMBROKE PINES</b>	FL	Zip Code <b>33025</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER NEBHRAJANI, RAJKUMAR 9310 S.W. 6 COURT PEMBROKE PINES, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

 RAJKUMAR NEBHRAJANI

x 4/30/02 x 305-692-2482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E053B (12/01)